



image 2

PATENT
450100-4490.5

\$ AF
P. 2876

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

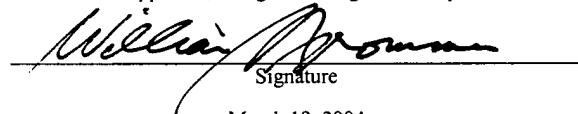
Applicant(s) : Yoshio KONDO et al.
Serial No. : 09/484,306
For : MEMORY CARD AND APPARATUS FOR USE THEREWITH
Filed : January 18, 2000
Examiner : Daniel I. Walsh
Art Unit : 2876

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 19, 2004.

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative



Signature

March 19, 2004

Date of Signature

AMENDMENT UNDER 37 CFR 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action dated December 19, 2003, please amend the above-identified application as follows:

03/23/2004 AWONDAF1 00000106 09484306

01 FC:1201

172.00 OP



PATENT
450100-4490.5

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No. : 09/484,306
For : MEMORY CARD AND APPARATUS FOR USE THEREWITH
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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) Present extra | (6) Rate | (7) Additional Fee |
|---|--|-------|--|----------------------|-------------|--------------------------|
| Total claims | 32 | Minus | ** =40 | * 0 x | \$18 (9) | = \$ 0 |
| Independent claims | 6 | Minus | *** =4 | * 2 x | \$86 (43) | = \$ 172.00 |
| Total additional fee for this amendment | | | | | | \$ 0 |

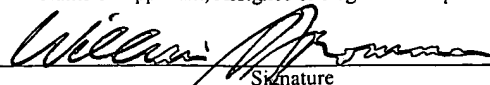
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$172.00 is attached, which covers the cost of ☒ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative


Signature

March 19, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: 
William S. Frommer
Reg. No. 25,506
Tel: 212-588-0800

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